

09/156 952

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SAB	412	11-17 A-A U.
O.I.P.E. CLASSIFIER	SP	57	9/25/08
FORMALITY REVIEW	SAB	SP-102	10-7

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
— (Through numeral)	Canceled	A	Appeal
+	Restricted	O	Objected

Chain	Date
Final	1/17/91
Original	1/17/91
1	✓
2	✗
3	✗
4	✗
5	✗
6	✗
7	✗
8	✓
9	✓
10	✓
11	✓
12	✓
13	✗
14	✗
15	✗
16	✗
17	✗
18	✗
19	✗
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40	✗
41	✗
42	✗
43	✗
44	✗
45	✗
46	✗
47	✗
48	✗
49	✗
50	✗

Claim		Date
Final	Original	
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Claim	Date
Final Original	
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If more than 150 claims or 10 actions
staple additional sheets

(LEFT INSIDE)